

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**SECRETARY OF THE SENATE
18 JUL 19 AM 9:40

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	Example: If typing, type over the lines.	12FE4M5
Friends of Schumer			
ADDRESS (number and street)	192 Lexington Avenue		
	Suite 1001		
Check if different than previously reported. (ACC)	New York	NY	10016
	CITY	STATE	ZIP CODE

2. FEC IDENTIFICATION NUMBER	3. IS THIS REPORT	<input checked="" type="checkbox"/> NEW (N) OR	AMENDED (A)	4. STATE DISTRICT
C C00346312				NY 00
				For Candidates Only
5. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:			
(a) Quarterly Reports:	Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)			
April 15 Quarterly Report (Q1)	Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)			
<input checked="" type="checkbox"/> July 15 Quarterly Report (Q2) and/or Semi-annual Report	Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report			
October 15 Quarterly Report (Q3)	(c) 12-Day PRE-Election Report for the:			
January 31 Year-End Report (YE) and/or Semi-annual Report	Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period			
July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report	Special (12S) Convention (12C)			
	Election on / / in the State of See Line 6(b)			
	(d) 30-Day POST-Election Report for the:			
	General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period			
	Election on / / in the State of See Line 6(b)			

6. Covered Period(s)	(a) Quarterly/Monthly/Pre-/Post-Election Covered Period	(b) Semi-annual Covered Period
This report covers 06 09 2016 through 06 30 2016 and/or		<input checked="" type="checkbox"/> January 1 - June 30
		July 1 - December 31

Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs	(a) Quarterly/Monthly/Pre-/Post-Election Covered Period	(b) Semi-annual Covered Period

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael E. Toth

Signature of Treasurer

Date 06 30 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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02/2009